CONSUMER COMPLAINT FORM DO NOT CALL VIOLATION

Mail the completed form along with copies of all relevant supporting documents to:

Montana Department of Administration Consumer Protection Telemarketing Fraud Unit 1219 8th Avenue PO Box 200151 Helena, MT 59620-0151 (406) 444-4500



WE WILL SEND A COPY OF THIS FORM TO THE BUSINESS, SO PLEASE WRITE LEGIBLY.

Please print with ink only or type				
Your Name				
Your Street Address/City/Sta	te/Zip Code			
(Area Code) Home Telephone		(Area Code) Work Telephone		
Name of business or indiv	ridual you are c	omplaining about		
Business Street Address	City	State	Zip Code	
Person you dealt with		(Phone number)		

1.	First contact between you and the business (Please check one):
	I received a telephone call from the businessI telephoned the businessI received information in the mailI responded to radio/TV adI responded to printed advertisementOther:
2.	Have you had any prior business transactionsYes No with this company?
	If Yes, Please explain:
3.	Did you speak clearly and directly to the telemarketer and asked them to place your name on their "Do Not Call" list?Yes No
3.	Date of first contact:
4.	Date/Time of other calls:
	
5.	Was the telemarketer courteous? Yes No (If No – Please describe the conversation or action under Number 8)
6.	Have you complained to the business?Yes No
	If yes, when? What was the business' response?

8. Please describe your complaint in detail. (Attach extra sheets if necessary)
9. What do you believe would be a fair resolution to this matter?

I UNDERSTAND THAT THE STATE HAS FULL DISCRETION CONCERNING ITS ACCEPTANCE, INVESTIGATION, AND RESOLUTION OF THIS COMPLAINT, AND THAT THE STATE CANNOT ACT AS MY ATTORNEY AND NO ATTORNEY/CLIENT RELATIONSHIP IS ESTABLISHED AS A RESULT OF ANY ACTIVITIES UNDERTAKEN IN MY BEHALF. I HEREBY AFFIRM THAT THIS COMPLAINT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE THE USE OF MY NAME AND THIS COMPLAINT IN INVESTIGATING THE COMPANY OR INDIVIDUAL COMPLAINED OF.
DATE: SIGNED:
(Please attach copies of all documents that have a direct bearing on the complaint DO NOT SEND ORIGINALS)
The following voluntary information will help us determine who we serve. This data will be used for statistical purposes only.
(1) Your age (circle one) 18-30 31-40 41-50 51-60 Over 60 (2) Are you handicapped? Yes () No () (3) If you are a minority member, designate which: